



FINANCIAL AID COMMUNICATIONS

State Form 41378 (R5 / 10-98) VRS 0006

Approved by State Board of Accounts, 1994

SOCIAL SECURITY NUMBER

Your Social Security number is being requested according to IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

The records in this series are **CONFIDENTIAL** according to 34 CFR 361.49. They are not open for public inspection but may be examined only by the data subject (or his/her representative) and authorized agency personnel.

- INSTRUCTIONS:**
1. PLEASE PRINT CLEARLY OR TYPE.
 2. This form is initiated for each academic year or summer session by the Vocational Rehabilitation (VR) counselor for all postsecondary students / clients.
 3. Part A must be completed by student / client and returned to the VR counselor, who will forward the form to the Financial Aid Administrator (FAA) at least two (2) months before the start of classes.
 4. After the FAA has completed Part C, it must be returned to the VR counselor AT LEAST ONE (1) MONTH BEFORE the school requires authorization from VR. This may be done using either actual or estimated awards.
 5. After the VR counselor completes Part D, the form and authorization is forwarded to FAA before registration.

PART A - To be Completed by Student / Client and Returned to Counselor

Name of student	Social Security number	I, the undersigned, hereby authorize the exchange of information between the DDARS / VRS and the Financial Aid Administrator at the named school regarding my financial aid at the school. I also understand the VRS and the FAA may discuss aspects of my case as it pertains to my particular situation and my application for financial aid.
Address (street, city, ZIP code)	Date FAFSA mailed to processor	
Name of school client plans to attend	Number of credit hours student plans to take per quarter or semester	
Student's program or major study area	Period of enrollment (month, day, year) Beginning Ending	Signature of student/client Date signed
Name of counselor, address (street, city, ZIP code) and telephone number		

PART B - To be Completed by the VR Counselor

Indicate below any extraordinary expenses which the student or family have, or unusual circumstances which should be considered by the Financial Aid Officer in determining the student's financial need.

Does the student's disability prevent him/her from working during the summer?

☐ Yes ☐ No

Does the student's disability prevent him/her from participating in work study?

☐ Yes ☐ No

PART C - To be Completed by Financial Aid Officer and Returned

School Budget		Financial Resources		Tuition Only	Aid is for the period:
Tuition/Fees	\$	Student/Spouse Contribution	\$		Beginning:
Books/Supplies	\$	Parent Contribution	\$		
Room and Board	\$	Pell Grant	\$	\$	Ending:
Personal Expenses	\$	State Aid	\$	\$	Name, address and telephone number of Financial Aid Officer
Transportation	\$	SBOG	\$	\$	
Other (specify)	\$	Other Grants and	\$	\$	
TOTAL	\$	Scholarships	\$	\$	
Student: <input type="checkbox"/> is commuter <input type="checkbox"/> resides on campus <input type="checkbox"/> resides off campus <input type="checkbox"/> is a dependent <input type="checkbox"/> is self-supporting	Student will be attending: <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time <input type="checkbox"/> Less Than 1/2		\$	\$	
			\$	\$	
			\$	\$	
		Student has unmet need of:	\$		Date signed (month, day, year)

PART D - To be Completed by VR Counselor

Amount of Authorization	Purpose	Signature of VR counselor
\$		Date signed (month, day, year)
\$		
\$		
\$		

GENERAL COMMENTS

To be used by either VR counselor or Financial Aid Officer to exchange information not provided for elsewhere on this form.